

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
7	/					57					
8	/					58					
9	/					59					
10	/					60					
11	/					61					
12	/					62					
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18	/					68					
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30	/					80					
31	/					81					
32	/					82					
33	/					83					
34	/					84					
35	/					85					
36	/					86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	3					TOTAL IND.					
TOTAL DEP.	33					TOTAL DEP.					
TOTAL CLAIMS	33					TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS